

PROSPECT DATA SHEET

G:\PDS (PROSPECT DATA SHEET) 2-4-02

TO BE COMPLETED BY COMMERCE

Prospect No:	Date Stamp Bus. Dev.:	Date Stamp OLGA:
ADM:		
Date Pre-App. Submitted:		

PROSPECT (CLIENT) INFORMATION

Legal Name:	
Type of Business : <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	
(Federal Employee Identification Number) FEIN #:	State of Organization:
Trade Name:	
Address:	
City, State, Zip:	
Tele. #:	Fax #:
WWW:	
CEO Name:	CEO Title:
<i>Individual To Contact Regarding Questions About The Company:</i>	
Co. Contact:	Title:
Address:	
City, State, Zip:	
Tele. #:	Fax #:
Email Address:	
<i>Individual To Contact Regarding Questions About The Project:</i>	
Project Contact:	Title:
Address:	
City, State, Zip:	
Tele. #:	Fax #:
Email Address:	

GENERAL (CURRENT) BUSINESS INFORMATION

Date Co. Established:	SIC or NAICS:
Minority Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, the Minority Classification is: <input type="checkbox"/> Eskimo <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Aleut <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> African American	
Women Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Owned by a Person with a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Product or Service: 	
Total Co. Employment:	WI Employment:
Current Number of Employees at the Project Location:	
List All Current WI Locations:	

PRELIMINARY PROJECT INFORMATION	
Location: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of:	County:
Project Summary:	

PROJECT BUDGET	
DESCRIPTION (Land, Bldg, Equip, Working Capital, Training, Prof. Services, etc.)	TOTAL COST:
TOTAL	

OTHER FUNDING SOURCES (Bank, Equity, IRB's, SBA, SBA 504, Local Funds, etc.)		
Name:	Contact Person:	Tele #:

PROJECTED EMPLOYMENT						
Full Time Positions Only (2,080 hours/year)						
Average Hrly. Wage	Job Title	Year One		Year Two Created	Year Three Created	Total
		Retained	Created			
TOTAL						

PROJECT TIME-LINE	
Secure all financing by:	Break ground/lease by:
Begin production by:	Achieve full production by:



BENEFIT INFORMATION			
CURRENT EMPLOYEE BENEFITS	None	Individual	Family
Check (✓) the Type of Health Insurance Provided to Employees:			
Percent of Health Insurance Premium Paid by Company:		%	%
Average Deductible Paid by Employee:		\$	\$
Other Benefits Provided to the Majority of the Workforce: <input type="checkbox"/> Life Insurance <input type="checkbox"/> Pension <input type="checkbox"/> 401(k) <input type="checkbox"/> Tuition Reimbursement <input type="checkbox"/> Childcare Reimbursement <input type="checkbox"/> Other:			
Benefits as a % of Wages:			
Will new employees be provided with substantially the same benefits as described above: <input type="checkbox"/> Yes <input type="checkbox"/> No			

HISTORICAL FINANCIAL INFORMATION			
FYE	___/___/___	___/___/___	___/___/___
Total Sales			
Net Income			
Total Assets			
Total Liabilities			
Equity			

Wisconsin Income Taxes Paid last Year: \$

OWNERSHIP INFORMATION (unless publicly owned)		
Name: (First, Middle Initial, Last)	Tele #:	Ownership %:
1.		
2.		
3.		
4.		
5.		
All Others:		
Total:		100%

LEGAL INFORMATION	YES/NO
Has the company, any officer, subsidiary or affiliate been involved in any lawsuits in the last 36 months?	
Has the company, any officer, subsidiary or affiliate ever been involved in any bankruptcy or insolvency proceedings?	
Does the company, any officer, subsidiary or affiliate have any outstanding tax liens?	
Please submit a detailed explanation of any YES responses.	



SUPPORTING DOCUMENTATION

I. BUSINESS PLAN

All start-ups or businesses with less than 50 employees or less than \$5 million in sales that are seeking fixed asset and/or working capital financing must submit a comprehensive business plan that fully describes the proposed project.

NOTE: If you do not currently have a Business Plan, Commerce may be able to finance a portion of the costs incurred to develop such a plan. Under its Early Planning Grant (EPG) and the Entrepreneurial Development Grant (ETG) programs, Commerce can provide grants to assist with the development of a comprehensive business plan. Visit our website at www.commerce.state.wi.us for additional information on these programs.

II. PROJECT / BACKGROUND INFORMATION

Provide the following information unless it is detailed in your business plan:

- ☐ A detailed description of the proposed project.
- ☐ History of the company's operations
- ☐ Discussion of the company's current management team (resumes are acceptable)
- ☐ Description of any affiliates or subsidiaries.
- ☐ Description of the market niche for the company's product or service
- ☐ A list of competitors within the market.
- ☐ Three years of historical financial statements that include:
 - ✓ balance sheets
 - ✓ income statements
 - ✓ cash flow statements
 - ✓ accountant's notes
- ☐ Most recent quarterly financial statements if the year-end was more than 90 days prior to submission
- ☐ Three years of financial projections that include the following for all applicants seeking fixed asset and/or working capital financing (unless waived by Commerce). The first year should be presented on a monthly basis so that the Department can analyze the applicant's working capital needs.
 - ✓ balance sheet
 - ✓ income statements
 - ✓ cash flow statements
 - ✓ detailed notes on all significant accounting assumptions used
- ☐ All individuals that own 20% or more of the company must submit a signed and dated personal financial statement. A sample form is attached. Substitute formats are acceptable provided that the social security number of the individual is also included.

NOTE: The Department will order a Dun and Bradstreet report on the applicant as well as a personal credit report on each individual that owns 20% or more of the company.



CERTIFICATION STATEMENT

THE APPLICANT:

1. Certifies that to the best of its knowledge and belief, the information being submitted to Commerce is true and correct.
2. Certifies that the Department is authorized to obtain a credit check on the applicant, the business and/or the individual(s).
3. Understands that unless it qualifies as trade secret, all information submitted to Commerce is subject to Wisconsin's Open Records Law.

The applicant requests that Commerce treat the following items as TRADE SECRET:

	Yes	No	NA
A. Personal financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Personal or business tax returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Historical business financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Business financial projections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Plan or study to be funded by Commerce.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Section 3 is left blank then all information provided to Commerce will be open to examination and copying.

Signature: _____ Date: _____
(Authorized Representative)

Name: _____ Title: _____
(Authorized Representative)



APPLICANT PERSONAL FINANCIAL STATEMENT

Submitted to:

WISCONSIN DEPARTMENT OF COMMERCE

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone: _____

ASSETS		LIABILITIES	
Cash (Schedule 1)	\$	Secured Notes Payable (Sch. 5)	\$
Listed Securities (Schedule 2)		Unsecured Notes Payable (Sch.5)	
Unlisted Securities (Schedule 3)		Accounts Payable	
Real Estate Owned (Schedule 4)		Unpaid Income Taxes	
Automobiles		Real Estate Mortgages (Sch. 4)	
Personal Property		Real Estate Taxes	
Cash Value Life Insurance		Credit Cards	
Vested Profit Sharing/Pension		Other Debts (list below)	
Other Assets (list below)			
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

INCOME:		CONTINGENT LIABILITIES:	
Salaries/bonuses	\$	Endorser/Co-maker/Guarantor	\$
Dividends/interest		Legal Claims	
Other:		Other:	



Schedule 1 Cash and Equivalents

Type	Financial Institution	Amount	Account Name	PLEDGED?

Schedule 2 Listed Securities

Cost	Description	Market Value	Account Name	PLEDGED?

Schedule 3 Unlisted Securities

Cost	Description	Market Value	Account Name	PLEDGED?

Schedule 4 Real Estate Owned

Property Type and Address	Cost	Market Value	Mortgage

Schedule 5 Notes Payable

Secured?	Financial Institution	Original Balance	Current Balance	Date Due

Are you a defendant in any legal actions or suits? If so, describe: _____

Have you ever been declared bankrupt? If so, describe: _____

Are you delinquent in any payment of taxes? If so, describe: _____

Applicant understands submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program and may be subject to civil and/or criminal prosecution.

Applicant Signature

Date

